File with.

towa Ethics and Campaign Disclosure Board 510 E. 12⁶, Ste. 1A Des Moines, Iowa 50319



مسرانی الکت IA ETHICS AND CAMPAIGN DISCLOSURE BO

Fax: 515-281-4073	DISCLOSURE S	UMMARY PAGE	1 - 1 WL 2009 JAN	15.09 16 AM 10:14
COMMITTEE NAME (Musi be s	ame as on Statement of Organia	edion)		
IMPORTANT Indicate by # type of of (1.) Statewide/Legislative/Judge Stat (4.) County Central Committee (.5.) (nding for Retention Candidate (2)8 lounty Candidate (6)City Candidat	The state of the s	FORM DR- (Rev. 07	2 DISCLOSURE
CANDIDATE COMMITTEES ON Candidate Name Ron Goe Office Sought County S Late reports are subject to possible	maat her,ff	Political Party (it applicable) Rep District (if Senate or House)	Logged Scanned Computer Audited	
SIGNATURE OF PERSON FILING	Tra	41-628-1173 TELEPHONE		1), the candidate, for a 15 - 0 9 DATE SIGNED
I AM FILING A Janua	ty 19, 2009	_REPORT FOR (1) ELECTION /	(2)NON-ELECT	ION YEAR.
CHECK IF AMENDMENT TO F	EPORT DATED	Time the late for the contract of the contract	ocal Committees	enter Date of Election
	e reports until a DR-3 is filed.)	} '-	County & Local Cor which Election is he	nmittees, enter County in MARION
	T OF CASH ON HAND			
CASH ON HAND at the beginning committee. This amount of the last reporting peric	MUST be the same as the cast	of all funds held by the non hand at the end eport filed.)	\$	508.16
ADD TOTAL MONEY TA				
Schedule A. Cash Contr	ibutions total (Altach Schedule .	A) (*aiso see in-kind below)		135
		**************************************		300
		Schedule H)		- 6 -
(Schedule H ap	<u>plies to Candidates' Committ</u>	es Only)		
SUBTRACT TOTAL MO	NEY SPENT THIS PERIOD	SUB-TOTAL	\$	943.16
Schedule 8: Expenditure	s total (Attach Schedule B) (**a	iso see debts and loans below)		780,20
Schedule F: Loan Repay	ments total (Attach Schedule F.)		162.96
CASH ON HAND at the end of this	reporting period (if final report t	palance must be zero)	national state of the state of	-0-
*UNPAID BILLS (From Schedule			Š	
IN KIND CONTRIBUTIONS (From				en per a surri molt von gefannelligen far regione en a viver hattin von de dendangen i a sussessi i vi
*OUTSTANDING LOANS (From S			er.	ter en
CONSULTANT BREAKDOWN (So			YES	NO
ANDIDATE COMMITTEES ONLY	i .		Marie Annes de Levie, Partir de Sant	And constitution to the control of t
ALUE OF CAMPAIGN PROPERT	Y (From Schedule H - Attach S	chedule H)	\$	
TATE COMMITTEES: Submit a r	reconciled campaign account ba	ink statement in January of each	vear	

For Instructions, See Back of Form

Reservation.

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be	same as or	n Statement of Organization)	
Goemaat	far	Sheriff	

SCHEDULE	
A (Rev. 07/03)	MONETARY RECEIPTS
. —	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	IF FOR FUND- RAISER INCOME
10/16/68	ID# CK#	Dwight Mater 1012 E Competine Unit 302 Knox U: lle, Ia. 50138	·	\$ 35	
16/24/08	ID# CK#	Dwight Mater 1012 E Competine Unit 302 Knox ville, Ia. 50138 Ronda Duncan 227 Pinehurst Glenview, Il 60025	daughter	100	
	ID# CK#				
	ID#				
			SUB-TOTAL	100	

TOTAL (if last page of this schedule)

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page / of / (for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

_			_	
299/2/2000	enection rentes	Section States	decinated to	see
533500000	2000 BOOK	A 100 Miles	No. (3)	×. 1
3303	100	100	0 2 2 3	8
333830		332	Sec. Sec.	2
2000000000	y 2001. 401.40.5	decide of Contra	Name of Street	
				-

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization)

SCHEDULE	73676
1 _	
В	MONETARY
(Rev. 07/03)	EXPENDITURES.
,	CK THIS BOX IF

500	emaat	for Sheriff		
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/28/08	ID# CK#	KNIA/KRLS 700 Main Ste. 211 Pella, Ic. 50219	Advertising	\$ 611.10
11/4/08	ID# CK#	Marion County News 901 N Bus. Hwy 5 Pleasantville, In 502	Ad-Thankyou	20
11/4/68	ID# CK#	Town Crier 810 Elst Pella, Ia 50219	Ad-Thankyou	30
11/4/08	ID# CK#	Pella Chronicla 812 Main Pella, Ia 50219	Ads	119.10
	ID# CK#	•		
	ID# CK#			
	ID# CK#			

SUB-TOTAL

TOTAL (if last page of this schedule)

* 780.20 * 780.20

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

ID#

CK#

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

	1		1
Page		_of	

MITTEE NAME	eat for Sheriff		(Rev. 02/08)	RECE
			CHECK TI	& REP/
	reports money loaned to the committee which is deposited in the NS FROM LAST REPORTING PERIOD \$ 300 , -		AMENDING	
		men. Printelanin men kali men kilik ki		nt et 7m form la boudilloid ean
(Original so	Y LOANS RECEIVED THIS REPORTING PERIOD urce of loan, such as a bank, must be shown if a third party is inv	rolved. Include loans from car	ndidate's personal fui	nds.)
DATE	NAME AND ADDRESS OF LENDER	RELATIONSHIP TO	AMOUNT OF	LOAN
RECEIVED (MM/DD/YR)	(Include Endorser's Name, If Applicable)	CANDIDATE (If Applicat	ole*)	LOAN
	Ron Goemact 1425 250+5 Ave Leighton, Ia. 50143		\$	
0/28/08	1423 2307 Abe	Candidate	2 300	
	Reight 184, 24, 30,112		***************************************	
2				
		·		**************************************
1				
			j	
RT II - MONETA	RY LOAN REPAYMENTS MADE <u>THIS</u> REPORTING PERIOD given must be reported on Schedule E — In-kind Contributions.)	TOTAL (PART I)	s_300	
(Loans for	given must be reported on Schedule E - In-kind Contributions.) NAME AND ADDRESS OF LENDER	RELATIONSHIP TO	AMOUNT R	Navi de Notre in delinina.
(Loans for DATE PAID MM/DD/YR)	name and address of Lender NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)		AMOUNT R	Navi de Notre in delinina.
(Loans for DATE PAID MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable) Ron Goemant 1425 250 th Ave	RELATIONSHIP TO	AMOUNT RI	EPAID
(Loans for DATE PAID MM/DD/YR)	name and address of Lender NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicat	AMOUNT RI	EPAID
(Loans for DATE PAID MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable) Ron Goemant 1425 250 th Ave	RELATIONSHIP TO CANDIDATE* (If Applicat	AMOUNT RI	EPAID
(Loans for DATE PAID MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable) Ron Goemant 1425 250 th Ave	RELATIONSHIP TO CANDIDATE* (If Applicat	AMOUNT RI	EPAID
(Loans for DATE PAID MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable) Ron Goemant 1425 250 th Ave	RELATIONSHIP TO CANDIDATE* (If Applicat	AMOUNT RI	EPAID
(Loans for DATE PAID MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable) Ron Goemant 1425 250 th Ave	RELATIONSHIP TO CANDIDATE* (If Applicat	AMOUNT RI	EPAID
(Loans for DATE PAID MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable) Ron Goemant 1425 250 th Ave	RELATIONSHIP TO CANDIDATE* (If Applicat	AMOUNT RI	EPAID
(Loans for DATE PAID MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable) Ron Goemant 1425 250 th Ave	RELATIONSHIP TO CANDIDATE* (If Applicat	AMOUNT RI	EPAID
(Loans for DATE PAID MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable) Ron Goemant 1425 250 th Ave	RELATIONSHIP TO CANDIDATE* (If Applicat	AMOUNT RI	EPAID
(Loans for DATE PAID MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable) Ron Goemant 1425 250th Ave Leighton, In Sci143	RELATIONSHIP TO CANDIDATE* (If Applical () ~ n d : d a t e	s 162.	EPAID 16
(Loans for DATE PAID MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable) Ran Gaemant 1425 250th Ave Leighton, Ia 50143 TOTAL CASH F	RELATIONSHIP TO CANDIDATE (If Applica) (I _ n] i d a t e	AMOUNT RI	EPAID 16
DATE PAID MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable) Ron Goemant 1425 250 th Ave Leighton, Ia 50143 TOTAL CASH F From Schedule E - TOTAL TOTAL OUTSTANDING LOANS EN	RELATIONSHIP TO CANDIDATE* (If Application of the case) REPAYMENTS (PART II) L LOANS FORGIVEN TO OF REPORT PERIOD	s 162.	EPAID 16
DATE PAID (MM/DD/YR) 1 / 1 / 6 9	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable) Ran Gaemant 1425 250th Ave Leighton, Ia 50143 TOTAL CASH F	RELATIONSHIP TO CANDIDATE (If Applicate Candidate) (If Applicate Candidate) REPAYMENTS (PART II) L LOANS FORGIVEN D OF REPORT PERIOD ative	s 162.	EPAID 16